



ADMINISTRATOR REPORT
1/17/20

GOVERNMENT AGENCY ACTIVITIES FROM SEPTEMBER TO DECEMBER 2019

Date of Event	Type of Report	Description	Results/Findings
8/7/19	Facility Self-Report CA 00639569	Facility notified and faxed SOC 341 to CDPH, Ombudsman and SF Police Department on 8/8/19 regarding allegations of rough handling by a staff member.	SF Police and the Ombudsman conduct telephone interviews with nursing administration as resident had a planned discharge at the time of report unrelated to this incident. Facility conducted an investigation and determined that the abuse allegation was substantiated; the CNA was rough during morning care while cleaning between resident's toes. <u>CLOSED</u> – CDPH surveyor James Black conducted the investigation on 8/28/19 and the abuse was substantiated. Facility was issued a 2567 with no deficiency.
8/27/19	CDPH Professional Certification Branch, Investigation Section	Facility received a letter from PCB/IS to conduct a complaint against a CNA regarding allegations of rough handling reported on 8/7/19.	Facility notified legal counsel to review requested documents. Legal submitted a response on behalf of facility on 9/11/19. <u>CLOSED</u> – The CDPH, Professional Certification Branch has determined that no further investigation or disciplinary action is warranted at this time on 11/21/19.

Date of Event	Type of Report	Description	Results/Findings
8/20/19	CDPH DHPPD Staffing Audit	CDPH Surveyor Laura conducted an on-site 3.2 DHPPD Staffing Audit visit for 24 randomly selected days from 3/17/19 to 6/16/19.	<p><u>CLOSED</u> – Facility received 2567 dated 11/13/19 with the following findings:</p> <p>Based on record review and interview, the Facility was found in compliance with HSC 176.5(a), the requirement for 3.2 direct care hours per patient day.</p> <p>Based on record review and interview, the Facility was found in compliance with HSC 1276.65(c)(B) and (C), the requirement for a minimum of 3.5 direct care hours and 2.4 certified nurse assistant direct care hours per patient day.</p>
12/23/19	Facility Self-Report CA 00668917	Facility notified and faxed SOC 341 to CDPH, Ombudsman and SF Police Department on 12/23/19 regarding allegations of rough handling by a female individual.	<p>SF Police was notified and issued log #193571531.</p> <p>Facility conducted an investigation and determined that the abuse allegation was unsubstantiated.</p> <p>The Ombudsman conducted an on-site investigation and resident interview on 12/27/19 findings of no concerns and satisfied with facility actions.</p> <p><u>CLOSED</u> – CDPH surveyor Aurora Liganor conducted the investigation on 1/8/20 and 1/9/20 and determined that the abuse was unsubstantiated during exit conference on 1/9/20.</p>
1/6/20 – 1/9/20	Annual Medicare Recertification and State Relicensing Survey Inspections	CDPH conducted unannounced federal and state survey inspections on 1/6/20 and 1/8/20, respectively.	Four surveyors conducted the Medicare recertification and State relicensing surveys. Exit conference was scheduled on 1/10/20, but an early exit was determined on 1/9/20 with preliminary findings (see below). Final report will be sent to Facility after 10 business days of exit conference.

MEDICARE RECERTIFICATION AND STATE RELICENSING SURVEY INSPECTIONS

Facility had an unannounced annual inspection by CDPH surveyors from 1/6/20 to 1/9/20 with the following preliminary findings:

Medicare Recertification

- Medication Error Rate = 0%
- Food & Nutrition Services
 - Facility did not air dry serving pans before stacking them
- Infection Control
 - The blood pressure arm cuff was not cleaned between use of residents

There was no substandard quality of care issues identified during the survey.

State Relicensing

Facility did not complete the Nursing Hours Per Patient Day forms.

Self-Report Investigation

There was an investigation for a self-reported allegation of abuse that was conducted concurrent with the survey. The surveyors found that there was no abuse substantiated and the facility had no deficiencies for this incident.

In-services have been conducted to address these preliminary findings on 1/9/20.

COMPLIANCE REVIEW AND UPDATES

Compliance and Ethics Program

- Live training sessions were conducted for board members and department managers conducted by Compliance Consultant Jennifer Elko and Compliance Officer Hanh Ta on 11/20/19
- Live training sessions were conducted for staff members on 11/25/19 through 11/27/19
- Monthly initial training sessions will be scheduled starting February 2020 for new hires, volunteers and per diem staff if necessary
- Current and new vendors will receive separate trainings on as needed basis

FACILITY UPDATES

- Announcements
 - Welcome Medical Director – Dr. Miteshkumar Patel and Core Continuity of Care COO Ingrid Valerio
 - Welcome MDS Coordinator – Theresa Budino
 - Welcome Maintenance Director – Oleg Korsunsky
 - HR Generalist Genevieve Brown last day was 1/7/20
 - Recruitment for replacement in progress

GOVERNMENT AGENCY ACTIVITIES LOG 2019

	Self-Report(s)*	Unusual Occurrence(s)	Complaint Visits	Others	Total Visits
JANUARY	1 – physical abuse				1 self-report
FEBRUARY				1 - LSC Survey	1 – other (annual survey)
MARCH				1 – CDSS Annual Survey 1 – PBJ Staffing Data Audit Q4 2018 by Meyers Stauffers	2 – others (annual survey and PBJ audit)
APRIL					
MAY	1 – sexual abuse				1 self-report
JUNE	1 – altercation between 2 residents				1 self-report
JULY					
AUGUST	1 – rough handling			1 – CDPH Professional Cert Branch investigation re: rough handling by CNA 1 – CDPH 3.5/2.4 Staffing Audit	1 self-report 2 others (PCB investigation and CDPH staffing audit)
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER	1 – rough handling				1 self-report
Total Types of Visits	5 self-reports	0 unusual occurrences	0 complaints	5 others	Total visit for 2019 = 10

*Self-reports were reported based on resident allegations as mandated by federal and state regulations